



### **Supplemental Application Data Sheet**

#### **Application Information**

Application number::	09/825,713
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1636
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	No
Title::	APPLICATION OF MYELOID-ORIGIN CELLS TO THE NERVOUS SYSTEM
Attorney Docket Number::	104036-14
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

#### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Matthew
Family Name::	During
City of Residence::	Philadelphia
State or Province of Residence::	PA
Country of Residence::	US
Street of mailing address::	1512 Spruce Street, Apt. 2901
City of mailing address::	Philadelphia
State or Province of mailing address::	PA
Postal or Zip Code of mailing address::	19102

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: IT  
Status:: Full Capacity  
Given Name:: Paola  
Family Name:: Leone  
City of Residence:: Camden  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 401 Haddon Avenue  
City of mailing address:: Camden  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08103

**Correspondence Information**

Correspondence Customer Number:: 021125

**Representative Information**

Representative Customer Number:: 021125

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Application claiming the benefit under 35 USC 119(e)	60/195,338	April 4, 2000

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